

jc951 U.S. PTO
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PTO/SB/05 (4/98)
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	30-5076(4015)
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First Inventor or Application Identifier	V. M. Segal
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Title	Physical Vapor Deposition Targets, and Methods of Fabricating
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Express Mail Label No. **EL 465852843**

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 39]
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 14]
4. Oath or Declaration [Total Pages 3]
- a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (*Appendix*)
6. Nucleotide and/or Amino Acid Sequence Submission
(*if applicable, all necessary*)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☒ Other: Check

*** NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- | | | | |
|---------------------------------------|-------------------------------------|---|----------------------------|
| <input type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No: / |
|---------------------------------------|-------------------------------------|---|----------------------------|

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

- ☐ *Customer Number or Bar Code Label*

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Shannon Morris	
	Honeywell International Inc.	
Address	Box 2245	
	101 Columbia Road	
City	Morristown	
Country		T

Name (Print/Type)	David G. Latwesen, Ph.D.
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Registration No. (Attorney/Agent)

38.533

Signature

Date _____

11/7/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 1,578

Complete if Known

Application Number Filed herewith
Filing Date
First Named Inventor V. M. Segal
Examiner Name
Group / Art Unit
Attorney Docket No. 30-5076(4015)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account Number 23-0925
Deposit Account Name Wells, St. John et al.
☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	710.00
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$ 710.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
66	-20** = 46	18	828
3	-3** = 0		0
Multiple Dependent			0

**or number previously paid, if greater; For Reissues, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	22	203	11	Claims in excess of 20	
102	82	202	41	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	82	209	41	** Reissue independent claims over original patent	
110	22	210	11	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 828)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	0.00
139	130	139	130	Non-English specification	0.00
147	2,520	147	2,520	For filing a request for reexamination	0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215	55	Extension for reply within first month	0.00
116	400	216	200	Extension for reply within second month	0.00
117	950	217	475	Extension for reply within third month	0.00
118	1,510	218	755	Extension for reply within fourth month	0.00
128	2,060	228	1,030	Extension for reply within fifth month	0.00
119	310	219	155	Notice of Appeal	0.00
120	310	220	155	Filing a brief in support of an appeal	0.00
121	270	221	135	Request for oral hearing	0.00
138	1,510	138	1,510	Petition to institute a public use proceeding	0.00
140	110	240	55	Petition to revive - unavoidable	0.00
141	1,320	241	660	Petition to revive - unintentional	0.00
142	1,320	242	660	Utility issue fee (or reissue)	0.00
143	450	243	225	Design issue fee	0.00
144	670	244	335	Plant issue fee	0.00
122	130	122	130	Petitions to the Commissioner	0.00
123	50	123	50	Petitions related to provisional applications	0.00
126	240	126	240	Submission of Information Disclosure Stmt	0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	40
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	0.00
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	0.00
Other fee (specify)					0.00
Other fee (specify)					0.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40)

SUBMITTED BY

Typed or Printed Name David G. Latwesen, Ph.D.

Signature

Date

11/2/00

Complete (if applicable)

Reg. Number 38,533

Deposit Account User ID